



Seattle Police Department  
Domestic Violence Victim Support Team  
Application

**Applicant Information**

Name: \_\_\_\_\_

First

Middle Initial

Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Education**

Please indicate your highest level of education and area of specialization, if applicable.

\_\_\_\_\_

Are you currently enrolled in school? Yes \_\_\_\_ No \_\_\_\_

If yes, please list the name of your institution:

\_\_\_\_\_

**Volunteer Experience** If more space is needed, please continue on back.

Dates	Name of Organization	Volunteer role and responsibilities



**For VST Staff Use Only:**

Date received: \_\_\_\_\_ Academy: \_\_\_\_\_

**Paid Work Experience** Please either fill in below or attach a resume.

Dates	Employer	Role and responsibilities

**Please answer the following:**

- VST meetings and trainings usually take place on the third Saturday of each month. We also require a year commitment to VST working a minimum of one 8-hour shift each month. Can you meet these requirements? \_\_\_\_\_

- How did you hear about the Victim Support Team?

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- Why do you want to volunteer with the Victim Support Team?

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- Please describe any experience you have with counseling and/or crisis intervention:

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- The Victim Support Team assists domestic violence victims from diverse cultural, ethnic, and socioeconomic backgrounds. What experience have you had with people from different cultures and backgrounds?

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- Do you speak/read/write a language other than English? If so, which?

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- Please list any other special skills, abilities, or training you have received:

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- What are your personal interests and hobbies?

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- Have you ever been convicted of a criminal offense other than a minor traffic violation?

Yes \_\_\_\_ No \_\_\_\_

If yes, please describe type of offense, date, law enforcement agency, and current status:

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- Are you a survivor of domestic violence? Yes \_\_\_\_ No \_\_\_\_

If so, how long has it been since you experienced the domestic violence?

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Have you received services from a domestic violence program? Yes \_\_\_\_ No \_\_\_\_



- Have you or anyone close to you been the victim of a crime in the last twelve months?  
Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate your relationship to the victim and give a brief description of the event:

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**Based on your current knowledge of domestic violence, please answer the following:**

What are the forms of abuse that domestic violence can take?

What are some barriers that make it difficult to leave a domestic violence situation?

What are some supportive things to say to a domestic violence victim who is in crisis?

**Please return the completed application**

**By mail—** Domestic Violence Victim Support Team  
Seattle Police Department  
Domestic Violence Unit #791  
610 5<sup>th</sup> Avenue  
P.O. Box 34986  
Seattle, WA 98124-4986

**By fax—** (206) 684-0727, attn: VST

**By email—** monika.kinsman@seattle.gov



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date